

<b>PRODUCER OF WASTE (Must be filled by producer)</b>				
Name <small>(PRINT OR TYPE)</small>		CODE NO.		
Pick up Address:				
Telephone Number: ( )		P.O. or Contract No.		
Order Placed By:		Date: 1-17-78		
Type of Process which Produced Wastes:		CODE NO.		
<b>DESCRIPTION OF WASTE (Must be filled by producer)</b>				
Check type of wastes:				
1. <input type="checkbox"/> Acid solution	6. <input type="checkbox"/> Tetraethyl lead sludge	11. <input type="checkbox"/> Contaminated soil and sand		
2. <input type="checkbox"/> Alkaline solution	7. <input type="checkbox"/> Chemical toilet wastes	12. <input type="checkbox"/> Cannery waste		
3. <input type="checkbox"/> Pesticides	8. <input type="checkbox"/> Tank bottom sediment	13. <input type="checkbox"/> Latex waste		
4. <input type="checkbox"/> Paint sludge	9. <input type="checkbox"/> Oil	14. <input type="checkbox"/> Mud and water		
5. <input type="checkbox"/> Solvent	10. <input type="checkbox"/> Drilling mud	15. <input checked="" type="checkbox"/> Brine		
<input type="checkbox"/> Other (Specify):				
CODE NO.				
Components: <small>(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)</small>				
	Upper	Concentration: Lower	%	ppm
1.				
2.				
3.				
4.				
5.				
6.				
<b>Hazardous Properties of Waste:</b>				
pH: 7	<input checked="" type="checkbox"/> none	<input type="checkbox"/> toxic	<input type="checkbox"/> flammable	<input type="checkbox"/> corrosive
Bulk Volume: 100	<input type="checkbox"/> gal	<input type="checkbox"/> tons	<input checked="" type="checkbox"/> barrels (42 gal.)	<input type="checkbox"/> other (SPECIFY)
Containers: (NUMBER)	<input type="checkbox"/> drums	<input type="checkbox"/> cartons	<input type="checkbox"/> bags	<input type="checkbox"/> other (SPECIFY)
Physical State:	<input type="checkbox"/> solid	<input checked="" type="checkbox"/> liquid	<input checked="" type="checkbox"/> sludge	<input type="checkbox"/> other (SPECIFY)
Special Handling Instructions (if any):				
The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).				
I certify (or declare) under penalty of perjury that the foregoing is true and correct.				
SIGNATURE OF AUTHORIZED AGENT AND TITLE				

HAULER OF WASTE (Must be filled by hauler)		999000229
<b>ASBURY OIL CO.</b> 13419 Halldale Ave., Gardena, California 90249 Phone: (213) 321-1392		<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> CODE NO.
Pick Up: <u>9-12-78</u> (DATE) Time: <u>15</u> (HOUR)		(1am 1pm)
State Liquid Waste Hauler's Registration No. (if applicable): _____		
Job No.: _____	No. of Loads or Trips: <u>1</u>	Unit No. <u>5</u>
Vehicle: <input checked="" type="checkbox"/> vacuum truck <u>100</u> barrels, <input type="checkbox"/> flatbed, <input type="checkbox"/> other _____ (SPECIFY)		
The described waste was hauled by me to the disposal facility named below and was accepted.		
I certify (or declare) under penalty of perjury that the foregoing is true and correct.		<u>Steve P. [Signature]</u> SIGNATURE OF AUTHORIZED AGENT AND TITLE
<b>DISPOSER OF WASTE (Must be filled by disposer)</b>		
Name (print or type): <u>Steve P. [Signature]</u>		<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> CODE NO.
Site Address: <u>Monte Vista PK.</u>		
The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.		
Quantity measured at site (if applicable): _____ State fee (if any): _____		
Handling Method(s):		
<input type="checkbox"/> recovery		
<input type="checkbox"/> treatment (specify): _____ (EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION) CODE NO. <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>		
<input type="checkbox"/> disposal (specify): <input type="checkbox"/> pond <input type="checkbox"/> spreading <input checked="" type="checkbox"/> landfill <input type="checkbox"/> injection well		
<input type="checkbox"/> other (specify): _____ CODE NO. <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>		
If waste is held for disposal elsewhere specify final location: _____		
Disposal Date: <u>9-18-78</u>		
I certify (or declare) under penalty of perjury that the foregoing is true and correct.		<u>[Signature]</u> SIGNATURE OF AUTHORIZED AGENT AND TITLE
The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.		
<div style="font-size: 48px; font-weight: bold; margin: 0;">P7</div> <div style="font-size: 24px; font-weight: bold; margin: 10px 0;">K001161</div>		
FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.		
D.O.T. Proper Shipping Name _____		